



ARRIVING PASSENGER Health Declaration Form



NATIONAL DISASTER RISK MANAGEMENT (MANAGEMENT AND MINIMISATION OF THE IMPACTS OF CORONAVIRUS (COVID-19)) REGULATIONS 2020

(Regulation 11)

Instructions

One form required for each person. A Parent or Guardian may complete the form for a dependent child.

Information must be provided in English. Complete the form in blue or black ink.

All sections must be completed accurately. If you require assistance, please ask a member of the crew or a Health Official on arrival. It is an offence to provide false or misleading information.

Submit the form to a Health Official on arrival in Nauru.

PART 1 – Passenger Details

Full Name	Date of Birth (dd/mm/yy)	Gender (circle)	M / F
Address in Nauru Name of Residence, District, and any other details to locate			
Email:	Telephone Number in Nauru (Mobile preferred)		
Nationality (as per Passport)	Passport Number		
Emergency Contact Name	Emergency Contact Telephone Number		

PART 2 – Travel Details

Port where you boarded this flight or Vessel	Flight Number or Name of Vessel
Date of Arrival into Nauru	Seat Number

PART 3 – Travel History

List the Countries you have been in or transited through during the last 30 days

PART 4 – Health Details (Please circle all responses that apply)

Have you been diagnosed with or suspected of having Coronavirus Disease?	Yes / No	Have you had direct contact with any person with known Coronavirus Disease?	Yes / No
Do you have any of the following signs or symptoms?			
Fever?	Yes / No	Muscle aches or weakness?	Yes / No
Cough?	Yes / No	Unexplained loss of taste or smell?	Yes / No
Shortness of breath?	Yes / No	Sore Throat?	Yes / No
General feeling unwell?	Yes / No	Headache?	Yes / No
Immediately advise a member of the crew if you answer 'YES' to any of the above questions			

List any pre-existing medical conditions
(e.g. diabetes, heart disease, cancer, asthma, chronic respiratory disease, kidney disease, etc.)

List any Medications you take on a regular basis

List any Allergies you have

DECLARATION

I hereby declare that the information given in this Form are true and correct to the best of my knowledge and belief.

Signature _____ Name _____
Signature of the person submitting this form *Name of the person submitting this form (print)*

Date: _____
DD MM YYYY